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A Comparision of Group Bibliotherapy and Group Anger Control Training for Aggressive Children[†]

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We examined the effectiveness of a bibliotherapy program and anger control program on reducing children's aggression. Forty-four elementary school students from low-income families participated in this study. Fifth and sixth graders received bibliotherapy, anger-control training, or no treatment. Compared to the control, bibliotherapy and anger-control training were equally effective in reducing indirect aggression, assault, and total aggression. However, bibliotherapy lowered negativism and verbal aggression than anger-control training. No between-group difference was found on irritability. Possible explanations of these findings were discussed and several suggestions were made for future research and program developments.

Keywords: bibliotherapy, anger-control training, aggression

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The number of perpetrators and victims of aggression has gradually increased over the past decade (Loeber & Farrington, 1998). It reaches a peak in adolescence, when bullying and fighting, including physical injuries in school are most frequent (Larson, 1998). Recently juvenile delinquency and school violence have become

serious social problems in Korea.

Specifically, many educators and parents express great concern about school violence because it seems to

affect students' mental health and has destructive effects on their adjustment to school. These effects include fear, threat, dropping out, and depression which, on some occasions, has led to suicide.

The Korean Juvenile Violence Prevention Foundation (2002) surveyed 3,977 elementary school, middle school and high school students. Almost 10% of them reported that they experienced school violence. Aggressive and/or timid children who could not adjust to school life tend to become delinquents in their later period of life. Child and adolescent aggression is considered one of the most disturbing at-risk factors in school (Kazdin & Johnson, 1994). In particular, highly aggressive children are at risk adult crime, alcoholism, drug abuse, unemployment, divorce, and mental illness (Farrington, 1995).

Numerous studies have proved that Korean juvenile delinquents were aggressive even from their elementary school periods (Kwak, 1998; M.S. Kim 1995; Rho, 1983). Therefore, preventive measures are urgently required for those aggressive children before their aggression tendencies become intensified and fixed as a habitual response, and they become juvenile delinquents.

In fact, many group-counseling programs in Korea have been devised and administered for aggressive and delinquent teenagers (Gang, 2001; B. Y. Kim, 1997; Y. T. Kim 1995; H. G. Lee, 1992; S. H. Park, 2001; Rho, 1983). These programs applied training in anger-control, relaxation strategies, cognitive restructuring, assertion training and communication skills problem oriented towards solving. The anger-control program (e. g., B. Y. Kim, 1997; S. H. Park, 2001) is one example of a cognitive behavioral program designed to help children reduce frequency, intensity, and duration of anger-induced aggression. The intervention provides training in relaxation, self-instruction, assertiveness. self-monitoring incidences, change of thought patterns, and social problem-solving. Positive effects were reported in their studies. However, there is little research concerning group counseling programs with the elementary school children.

H. G. Lee (2000) reported that students

who are involved in school violence showed very low empathic ability. Also, they tended to agree with the opinions of others easily, and conform and cooperate with aggressors or bullies in exerting violence toward victims. But those students who showed a high level of empathic ability tended to support and protect victims in the event of group alienation as a form of school violence.

McFadyen-Ketcum, Bates, Dodge, and Petit (1996) found that aggressive children who experienced affectionate mother-child relationships were more likely to decrease their aggressive-disruptive behavior. It has been suggested that empathic reactions play an important function in the reduction or inhibition of aggressive or antisocial actions toward others (N. D., Feshbach, 1978, 1987; N. D. Feschbach & S. Feshbach, 1982; S. Feshbach, 1970; Parke & Slaby, 1983; recited in Miller & Eisenberg, 1988). Miler and Eisenberg (1988) found a significant negative relation between empathy and aggression.

Therefore, treatments that help children to enhance their empathic ability are necessary for the prevention of school violence and juvenile delinquencies. These programs should be interesting as well as facilitative to logical thinking.

Bibliotherapy could be ideal, for the aggressive children could enjoy reading stories and discuss how the models would feel and

behave. Bibliotherapy has been defined as the therapeutic use of literature with guidance or intervention from therapist (Cohen, 1994). Literature has been used to enable clients to explore problems, and express and sometimes resolve painful thoughts and feelings (Gersie & King, 1990). Two perspectives within bibliotherapy have been identified (McArdle & Byrt, 2001). One approach has developed from the work of Shrodes and uses imaginative literature to diagnose and treat emotional problems (Cohen, 1994). It can provide emotional catharsis, active problem solving and personal insight (Lanza, 1996). Another approach is based on cognitive methods, including self-help manuals or workbooks, with assignments for the client to complete (e.g., Ackerson, Scogin, McKendree-Smith, & Lyman, 1998; Jamison & 1995; Klem & 1988; Scogin, Klesges, Wollersheim & Wilson, 1991).

Shordes (1950; cited in MacDevitt, 2001) found that the three key internal processes involved in change were identifying with characters, experiencing catharsis, and achieving insights. The classic process of bibliotherapy discusses identification with a character or situation and the projection of oneself into it, the experiencing of an emotional release or catharsis, and then insight and integration.

Cohen (1989) compares the therapeutic effect of reading imaginative literature with therapeutic factors in group therapy, and suggests that reading could be viewed as a special case of group therapy. Shechtman and Ben-David (1999) present to the child books. films, and poems that depict emotions relevant to aggression (e.g., anger, fear) and then they ask the children to discuss them passages and the emotions experienced by the actors and to similar personal experiences. therapists encourage catharsis of feeling and self-insight into behavior. Thev reduce children's aggressive behavior beyond the change found in a nontreated control group.

By role playing like heroes/heroines and making up stories, they must empathize with a character and the character's life. They vicariously experience the character's emotions and the character's experiences from a position of relative safety during bibliotherapy sessions. They therefore feel a cathartic release of their emotions. Furthermore, they feel the corrective emotional experiences. In the end, their mind and the emotions are integrated.

However, up to the present time, little research has been reported on the effects of empathy-related bibliotherapy with elementary children. This study, then, focused on devising bibliotherapy programs and on comparing the effectiveness of the programs with those of anger control treatment that has been prevalent in Korea.

Method

Participants

Forty-four elementary students (20 boys and 24 girls) in the 5th and 6th grade were selected from three 'study rooms' for urban lower class children whose parents do not have time and abilities to help their children. Those 'study rooms' received public attention because of frequent school violence phenomena and were located in an area of poverty in Gwangju City. These children of predominantly lower-socioeconomic status children were considered at risk for aggressive behavioral development. The mean age of the children was 11.4 years.

Research design

This study employed a pre-test/post-test design.

Teachers nominated aggressive students on a Buss-Durkee Hostility Inventory (BDHI; Bus & Durkee, 1957). The 45 children who were nominated most often were selected to participate in the study. These children were randomly assigned to bibliotherapy group, anger-control training group, or untreated Before the control group. training completed, a child in the anger-control training group dropped out of the study because of schedule conflicts. As a result, the final sample

Bibliotherapy group	Ol	x	02
Anger control group	Ol	x	02
Control group	Ol		02

Figure 1. Diagram of research design. X stands for a treatment, Ostands for an observation.

Figure 1. Diagram of research design. X stands for a treatment, O stands for an observation

Table 1. Bibliotherapy outline

Sess ion	Topics	Bibliotherapy (book)	Discussion & role-enactment
1	Ice Breaker, establish rapport, create interest, overview		Describe oneself in 15 ways Five happiest events in life.
2	Good peer relationship	The last runner (C. W. Lee, 2000)	Share their experience of becoming the last runner. Friendship & my best friends.
က	Feel empathy with mother	Grass Glasses (Childrens Education Research, 1989)	Enact a drama according to the story. Draw mom & write a letter to mom.
4	Feel empathy with problemed student	Problem child (G. B .Park, 1999)	Discuss why he becomes a problem child and write him a letter.
5	Assertion training	Bad child sticker (S. M. Hwang, 2000)	Discuss experiences of becoming a bad student & how we can make pleasant classes.
6	Feel empathy with school violence victims	Newspaper (Donga Ilbo, 2002, 5, 15)	Enact the models in the story & extend the story.
7	Future life imagery	Those who plant trees (Jean, 1993)	Write my bibliography & records of my life in time-capsule.
8	Make up a short fairy tale		Make up a story in which I am the hero/heroines.

Table 2. Anger Control Treatment outline

Session 1: Ice breaker, purpose of the group, establish group rules

Session 2: Identifying emotion

Session 3: Identifying anger-provoking situations

Session 4: Identifying self response to anger

Session 5: Identifying effective handling techniques based on the anger situation

Session 6: Change of the thought patterns

Session 7: Change of behaviors patterns

Session 8: Relapse prevention

was composed of 15 bibliotherapy children, 14 anger-control training children, and 15 untreated control children. All participants were given pre- and post-assessments in one-hour group sessions.

Figure 1 is a diagram illustrating the research design.

Procedure

The bibliotherapy group and anger-control training group had 8 sessions, in 4 weeks (every week 2 hours, total 16 hours).

The students in the bibliotherapy group had opportunities to read stories, share how they feel and think on the topics, enact the models in the stories, write letters to the heroes/heroines, and make up a story, in which they become heroes/heroines.

The programs were conducted by the second author in a library room under the supervision of the 1st and 3rd authors.

The anger-control training group had opportunities to learn how to control their anger

by cognitive strategies based on REBT.

Measures

The Buss-Durkee Hostility Inventory (BDHI; Bus & Durkee, 1957) was given to the subjects. They were asked to respond to seven scales of 69 items of BDHI using true-false scale: Assault (a direct physical aggression and violence against others), Verbal aggression (direct verbal aggression), Indirect aggression (indirect verbal aggression), Irritability (grouchiness, exasperation, and rudeness), Negativism (passive and active oppositional behavior), Resentment (assessing anger over real or imagined mistreatment), and Suspicion (mistrust and projection of hostility onto others).

Reliability coefficients (Cronbach alphas) of the seven aggression scales of this sample were .84 for assault, .67 for verbal aggression, .52 for indirect aggression, .72 for irritability, .70 for negativism, .83 for resentment, .75 for suspicion.

Results

This study used analysis of covariance for the purpose to adjust the means on the dependent variable themselves to what they would be if all subjects scored equally on the convariate (pretest). For the analysis of covariance, adjustment of scores was made on the basis of an average within-cell regression coefficient, the test of homogeneity of regression is needed (Tabachnick, 1996). Buss's factor analysis of the seven BDHI scales yielded two factors: Aggression (assault, verbal aggression, indirect aggression, irritability and negativism) and Hostility (resentment and suspicion). The results of evaluation of assumption of homogeneity of regression were satisfactory: aggression, F(2, 38) = 2.68, ns, assault, F(2, 38) = .47, ns, verbal aggression, F(2, 38) = .70, ns, indirect aggression, F(2, 38) = 1.72, ns, irritability, F(2, 38) = 1.11, ns, negativism. F(2, 38) = 1.23, ns. But following scales were not satisfactory: Hostility, F(2, 38) = 27.04, p < .01, Suspicion, F(2, 38) = 7.69, p < .01. Since the hostility and suspicion scales were violated the assumption of homogeneity of

Table 3. Analysis of Covariance of Aggression Scores

		Pretest		Pos	ttest	
Variable	Group	M SD		M	SD	F(df)
Indirect Aggression	Bibliotherapy	4.33	1.05	3.06	1.49	13.04(2)***
	Anger Control	4.36	1.55	2.79	1.25	
	Control	3.53	1.64	3.87	1.64	
Negativism	Bibliotherapy	3.06	1.49	1.67	.98	11.47(2)***
	Anger Control	3.57	.94	2.86	1.17	
	Control	2.80	1.01	2.93	.96	
Verbal Aggression	Bibliotherapy	5.67	1.76	3.20	1.70	11.05(2)***
	Anger Control	4.71	1.98	4.07	2.13	
	Control	4.00	1.96	5.00	1.96	
Assault	Bibliotherapy	5.07	1.62	2.93	1.90	14.29(2)***
	Anger Control	5.07	1.64	3.00	1.97	
	Control	4.33	1.76	4.67	1.76	
Irritability	Bibliotherapy	.47	1.19	3.53	1.55	3.15
	Anger Control	5.79	1.31	4.21	1.67	
	Control	3.80	1.93	3.93	2.02	
Total	Bibliotherapy	34.47	5.08	22.80	6.46	23.53(2)***
	Anger Control	38.00	6.92	27.43	6.00	
	Control	26.73	10.81	29.07	11.65	

Note. n = 15 for bibliotherapy group children, n = 14 for anger control group children, and n = 15 for control group children.

^{*}p < .05, **p < .01, ***p < .001

regression, two scales were dropped.

To assess the effectiveness of the group counseling, a series of univariate analyses of covariance were done. Posttests of aggression (assault, verbal aggression, indirect aggression, irritability, negativism and total) were calculated as the dependent measure, the pretest ratings as the covariate, and group membership as the independent variable. The means for all aggression measures at pretest and posttest and the results of the covariance analysis are presented in Table 3. As the table shows, there were a significant effects for four dependent measures: assault, F(2, 42) = 14.29, p < .001, η^2 = .42; verbal aggression, F(2, 42) = 11.05, p <.001, $\eta^2 = .36$; indirect aggression, F(2, 42) =13.04, p < .001, $\eta^2 = .39$; negativism, F(2, 42) =11.47, p < .001, $\eta^2 = .47$; and total aggression score, F(2, 42) = 23.53, p < .001, $\eta^2 = .32$.

Table 4 shows the adjusted means, the associated standard errors on which the analysis of covariance is based and the results of the post hoc test with adjustment.

As shown in table 4, participants in the bibliotherapy (adjusted M= 12.94, S.E. = 1.00) and anger control treatment groups (adjusted M = 15.60, S.E. = 1.03) reported significantly less aggression than the participants in the no treatment (control) group (adjusted M = 23.10, S.E. = 1.06). And the participants with bibliotherapy (adjusted M = 2.86, S.E. = .26) and anger control treatment (adjusted M = 2.56,

S.E. = .26) reported significantly less indirect aggression than participants in the no treatment group (adjusted M = 4.29, S.E. = .25). The participants in the bibliotherapy (adjusted M =2.74, S.E. = .34) and anger control groups (adjusted M = 2.80, S.E. = .35) reported significantly less assault than those of the no treatment group (adjusted M = 5.05, S.E. = .34). Participants receiving bibliotherapy (adjusted M = 1.69, S.E. = .22) reported significantly less negativism than participants in the anger control treatment group (adjusted M = 2.60, S.E. = .23) and control group (adjusted M=3.16. S.E. = .22). Participants in the bibliotherapy (adjusted M = 2.66, S.E. = .41) reported significantly less verbal aggression than anger control treatment group (adjusted M = 4.12, S.E. = .41) and no treatment group (adjusted M = 5.49, S.E. = .41).

Discussion

The result of this study proved the effectiveness of group bibliotherapy and group anger-control training on the reduction of children's aggression.

Using a pretest-posttest control group design, ANCOVAs showed that the participants receiving group counseling showed less indirect aggression, assault and total aggression than the subjects of the no treatments (control) group.

The results of this study are consistent

Table 4. Bibliotherapy vs. Anger control vs. Controll: Differences in Adjusted Means, their associated ststandard errors and the post hoc test with adjustment.

Variable	Bibliltherapy		Anger	Anger control		rol	Scheffe
vanable	M	SE	M	SE	M	SE	Schene
Indirect Aggression	2.86	.25	2.56	.26	4.29	.25	1, 2 > 3
Negativism	1.69	.22	2.60	.23	3.16	.22	1 > 2, 3
Verbal Aggression	2.66	.41	4.12	.41	5.49	.41	1 > 2, 3
Assault	2.74	.34	2.80	.35	5.05	.34	1, 2 > 3
Irritability	3.23	.39	3.70	.41	4.72	.42	
Total	12.94	1.00	15.60	1.03	23.10	1.06	1, 2 > 3

with other research results (Gang, 2001; B. Y. Kim, 1990 & S. H. Park 2001 Miller & Eisenberg, 1988; Shechtman & Ben-David, 1999).

On the other hand there were no significant differences among the three groups on irritability. Dodge and Coie (1987) have proposed a distinction between reactive aggressive behaviors and proactive aggressive behaviors. According

to them, a proactive aggressive behavior is a nonprovoked aversive act aimed at influencing others. This behavior could attempt to gain a resource or could be directed toward a person with the purpose of intimidation or domination. A reactive aggressive behavior is a hostile act displayed in response to perceived threat or provocation. This behavior impulsive and typically occurs with hostile facial expression and a strong negative effect. Furthermore this behavior been systematically related with a negative peer status (Dodge & Coie, 1987; Price & Dodge, 1989) and a positive relation has been observed between reactive aggressive behaviors and victimization by peers (Schwartz et al., 1998).

The reason why there were no significant differences on irritability among the three groups could be explained from Dodge and Coie's viewpoints. The subjects in this study could be viewed as proactive students, and also the treatment has focused on dealing with proactive aggression. Therefore, a treatment to help those reactive-aggressive children on reducing their aggression must be devised in future studies.

The bibliotherapy group showed significant decrease on negativism and verbal aggression greater than the decrease noted in the anger control treatment group. The phenomenon could be explained by the fact that anger control strategies are focused on regulating an individual's anger, while bibliotherapy treatments are focused on teaching the individual how to understand others, to compromise and to cooperate another person in

situations of conflict. The bibliotherapy program tested herein strongly emphasized cathartic experiences, which are intensified through the use of literature. This contrasts with the emphasis of the prevailing cognitive behavioral anger-control program, which is criticized for excluding emotions in the treatment of aggression (Pepler, King, Craig, Byrd, & Bream, 1995; recited in Shechtman & Ben-David, 1999). Cognitive behavioral anger control treatment may lead to greater presence of the problem identification-change component. whereas empathy related bibliotherapy may refer more to emotional awareness and insight.

Through a bibliotherapy process of identification, children may recognize familiar feelings, release disturbing emotions, and discover the motives for their aggressive behavior. As well, participants are encouraged to accept their own emotions and experiences. Especially, the indirect treatment and the conditions of acceptance reduce defensiveness and increase self-acceptance. Group bibliotherapy could provide an experiential learning experience and offer catharsis and insight that lead to participants' change. Thus children grew in their awareness of their aggression and increased attempts to change their behavior.

In this study, a group bibliotherapy program designed to reduce aggression was explored. The results suggest the effectiveness of this

program. Therefore empathy training seems to be suitable to Korean culture in which collectivism, rather than individualism is pervasive.

The results might be more convincing if prolonged effects of the programs could be evaluated after several months. To test the effectiveness of the program further, it should be compared with placebo treatment for aggression. And decrease of children's aggression after the treatments must be evaluated either through surveys or interview data with their parents, teachers and peers. Fewer numbers of children in a group would allow for better management and control in future research studies.

In conclusion. it appeared that empathy-related biblotherapy was more effective than anger control training in reducing the children's aggression. Besides, children participated in bibliotherapy with a lot of interest and enthusiasm. Therefore, in the future, more opportunities to apply biblotherapy must be provided in programs designed to prevent school violence and juvenile delinguencies.

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아동의 공격성 감소에 있어서 독서 치료와 분노조절 훈련의 효과 비교

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본 연구는 독서치료 기법를 이용한 집단상담 프로그램과 분노조절 훈련 집단 상담 프로그램이 아동들의 공격성 감소에 미치는 효과를 알아보고자 하였다. 광주시의 저소득층 자녀들을 위한 공부방에 다니는 초등학생 44명을 독서치료 프로그램(15명), 분노조절 프로그램(14명), 통제집단(15명)에 무선적으로 배치하였다. 독서치료 프로그램과 분노조절 프로그램 집단의 아동들에게는 4주간에 걸쳐 매주 2회 80분씩 훈련을 실시하였으며, 독서치료 프로그램에서는 아동들의 공감능력의학습에 주안점을 두었다. 프로그램의 효과를 알아보기 위하여 공격성 척도(간접적 공격성, 부정성, 언어적 공격성, 신체적 공격성, 흥분성, 총 공격성)를 사전, 사후로 실시하여 사전 점수를 공변인으로 한 변량분석을 실시하여 비교하였다. 그 결과 독서치료 훈련과 분조조절훈련을 받은 아동들이 훈련을 받지 않은 아동들에 비해서 간접적 공격성, 신체적 공격성, 전체 공격성이 유의미하게 감소한 것으로 나타났으며, 독서치료 훈련을 받은 아동들이 분노조절 훈련을 받은 아동들에 비해서 부정성과 언어적 공격성이 유의미하게 감소한 것으로 나타났다. 따라서 독서치료를 적용한 집단상담이 아동들의 공격성을 감소시키는 효과적인 개입임이 확인되었다. 마지막으로 이 결과들에 대한 논의를 하였으며, 장래 연구와 프로그램 개발을 위한 제언을 하였다.

주요어: 독서치료, 분노조절, 아동의 공격성, 공감능력